

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/766,873**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
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TOTAL IND.			3		3	
TOTAL DEP.			28		22	
TOTAL CLAIMS			31		25	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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